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# The Sexunzipped sexual health questionnaire

## User account

To receive your **£10 shopping voucher**, we need your name and address (only one voucher per household).

Please also enter your email address.

Your details will be kept secure, in accordance with the Data Protection Act 1998.

### Account information

E-mail address:

### Personal details

First name:

Last name:

Address Line 1:

Address Line 2:

City:

Post code:

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Question	
<p>How did you hear about this research?</p> <p>Facebook advert Through a friend or relative By email Online (e.g. blog, twitter) From school or college Leaflet or poster Other</p>	
<p>Are you.....</p> <p><input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Female to male transgender <input type="radio"/> Male to female transgender <input type="radio"/> Other (please state) .....</p>	
<p>Have you felt sexually attracted .....</p> <p><input type="radio"/> Only to females, never to males <input type="radio"/> More often to females, and at least once to a male <input type="radio"/> About equally often to females and to males <input type="radio"/> More often to males, and at least once to a female <input type="radio"/> Only to males, and never to females <input type="radio"/> I have never felt sexually attracted to anyone</p>	
<p>Which of these is true for you at the moment?</p> <p><input type="radio"/> a) I am not in a relationship</p> <p><input type="radio"/> b) I am currently in a relationship with one person</p> <p><input type="radio"/> c) I am currently in relationships with more than one person</p>	<p>If a) Have you been in a relationship in the past?</p> <p><input type="radio"/> Yes    <input type="radio"/> No</p> <p>If yes, how long ago did your relationship end?</p> <p><input type="radio"/> Less than a week ago <input type="radio"/> 1 to 4 weeks ago <input type="radio"/> One month to 3 months ago <input type="radio"/> More than 3 months ago</p>
	<p>(If b, c or yes to past relationship) Which best describes your relationship/s?</p> <p><input type="radio"/> Sexual relationship/s <input type="radio"/> Non-sexual relationship/s</p>
<p>What gender is your partner (or ex-partner)? (If you have more than one partner, please pick the one you are closest to or have been with the longest)</p> <p><input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Female to male transgender <input type="radio"/> Male to female transgender <input type="radio"/> Other (please state) .....</p>	

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Confidence about sex and relationships	
<p>When communicating about sex with a partner, how easy or difficult would it be for you to.....?</p> <ol style="list-style-type: none"><li>1. Ask if they have ever had a sexually transmitted infection?</li><li>2. Discuss contraception (birth control) (e.g. the pill)</li><li>3. Discuss condom use?</li><li>4. Refuse to have sex if they won't use a condom?</li><li>5. Make the first move with sex</li><li>6. Tell them that you like a specific sexual activity?</li><li>7. Tell them you do not want to have sex?</li><li>8. Tell them if a certain sexual activity makes you uncomfortable?</li></ol>	<p><input type="radio"/> Very difficult   <input type="radio"/> Difficult <input type="radio"/> Easy   <input type="radio"/> Very easy   <input type="radio"/> Not applicable</p> <p><input type="radio"/> Very difficult   <input type="radio"/> Difficult <input type="radio"/> Easy   <input type="radio"/> Very easy   <input type="radio"/> Not applicable</p> <p><input type="radio"/> Very difficult   <input type="radio"/> Difficult <input type="radio"/> Easy   <input type="radio"/> Very easy   <input type="radio"/> Not applicable</p> <p><input type="radio"/> Very difficult   <input type="radio"/> Difficult <input type="radio"/> Easy   <input type="radio"/> Very easy   <input type="radio"/> Not applicable</p> <p><input type="radio"/> Very difficult   <input type="radio"/> Difficult <input type="radio"/> Easy   <input type="radio"/> Very easy   <input type="radio"/> Not applicable</p> <p><input type="radio"/> Very difficult   <input type="radio"/> Difficult <input type="radio"/> Easy   <input type="radio"/> Very easy   <input type="radio"/> Not applicable</p> <p><input type="radio"/> Very difficult   <input type="radio"/> Difficult <input type="radio"/> Easy   <input type="radio"/> Very easy   <input type="radio"/> Not applicable</p>
<p>How confident are you that you could.....</p> <ol style="list-style-type: none"><li>1. Stop to use a condom in the heat of the moment?</li><li>2. Put a condom on yourself or a partner without losing the erection?</li><li>3. Suggest sex if you want it?</li><li>4. Tell or show someone how they can give you sexual pleasure?</li></ol>	<p><input type="radio"/> I definitely could   <input type="radio"/> I probably could <input type="radio"/> I probably could not <input type="radio"/> I definitely could not   <input type="radio"/> Not applicable</p> <p><input type="radio"/> I definitely could   <input type="radio"/> I probably could <input type="radio"/> I probably could not <input type="radio"/> I definitely could not   <input type="radio"/> Not applicable</p> <p><input type="radio"/> I definitely could   <input type="radio"/> I probably could <input type="radio"/> I probably could not <input type="radio"/> I definitely could not   <input type="radio"/> Not applicable</p> <p><input type="radio"/> I definitely could   <input type="radio"/> I probably could <input type="radio"/> I probably could not <input type="radio"/> I definitely could not   <input type="radio"/> Not applicable</p>
<p>Have you talked about these things with current (or most recent) partner/s? .....</p> <ol style="list-style-type: none"><li>1. The kind of sex you like</li><li>2. The kind of sex <b>a partner</b> likes</li></ol>	<p><input type="radio"/> Yes   <input type="radio"/> No   <input type="radio"/> Not applicable <input type="radio"/> Yes   <input type="radio"/> No   <input type="radio"/> Not applicable</p>
Sex and relationship problems	
<p>In the last 3 months, have you been....</p> <ol style="list-style-type: none"><li>1. Humiliated or emotionally abused in other ways by a partner or ex-partner?</li></ol>	<p><input type="radio"/> Yes   <input type="radio"/> No   <input type="radio"/> Not sure</p>

[Type text]

2. Afraid of a partner or ex-partner?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not sure
3. Forced to have any kind of sexual activity by a partner or ex-partner?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not sure
4. Kicked, hit, slapped or otherwise physically hurt by a partner or ex-partner?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not sure
In the last 3 months, <b>has a partner</b> ..	
1. Told you who you could see and where you could go	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not sure
2. Pressurised you into any form of sexual activity?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not sure
In the last 3 months, have any of these been a problem for you?	
1. Lacked interest in having sex	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not applicable
2. Lacked enjoyment in sex	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not applicable
3. Felt anxious during sex	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not applicable
4. Felt physical pain as a results of sex	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not applicable
5. Felt no excitement or arousal during sex	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not applicable
6. Did not come to a climax (experience an orgasm)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not applicable
7. Came to a climax (experienced an orgasm) more quickly than you would like	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not applicable
8. (Women only) had trouble with an uncomfortably dry vagina	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not applicable
9. (Men only) had trouble getting or keeping an erection	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not applicable
(If yes to any of these)  Have you avoided sex because of this?  <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not applicable	
In the last 3 months, how many times have you had sex you regretted?  None 1 2 3 4 5 6 7 8 9 10 or more	

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<b>Satisfaction</b>	
Thinking about the past 3 months, how much do you agree or disagree with the following statements?	
I feel satisfied with my relationship/s	<input type="radio"/> Strongly agree <input type="radio"/> Agree
I feel satisfied with my sex life	<input type="radio"/> Neither agree nor disagree <input type="radio"/> Disagree
I feel distressed or worried about my sex life	<input type="radio"/> Strongly disagree <input type="radio"/> Not applicable

<b>The last time you had sex</b>	
When was the last time you had sex with someone (if ever)?	
<input type="radio"/> Less than a week ago <input type="radio"/> More than a week but less than a month ago <input type="radio"/> 1-3 months ago <input type="radio"/> More than 3 months ago <input type="radio"/> Never	
What gender was the last person you had sex with?	
<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Transgender (male to female) <input type="radio"/> Transgender (female to male) <input type="radio"/> Other (please state) .....	
Was the last person you had sex with...	If b, how long have you been having sex with this person?
<input type="radio"/> a. Somebody you've had sex with only once <input type="radio"/> b. Somebody you've had sex with more than once	<input type="radio"/> Less than one week <input type="radio"/> 1 week to 4 weeks <input type="radio"/> 1 month to 6 months <input type="radio"/> 7 months to 1 year <input type="radio"/> More than 1 year
The last time you had sex.....	
1. How safe and comfortable did you feel?	<input type="radio"/> Not at all <input type="radio"/> Moderately <input type="radio"/> Very safe and comfortable <input type="radio"/> Not applicable
2. How much did you enjoy the physical feelings?	<input type="radio"/> Not at all <input type="radio"/> Moderately <input type="radio"/> A lot <input type="radio"/> Not applicable
3. How emotionally close did you feel to the other person?	<input type="radio"/> Not at all <input type="radio"/> Moderately <input type="radio"/> Very close <input type="radio"/> Not applicable
4. How much did you enjoy the pleasure you gave to the other person?	<input type="radio"/> Not at all <input type="radio"/> Moderately <input type="radio"/> A lot <input type="radio"/> Not applicable
The last time you had sex, did you have vaginal sex, where the penis entered the vagina?	(If yes) Was a condom used?
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not applicable	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Not applicable
	(If yes):
	Was the condom used from start to finish of sex?

[Type text]

	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Not applicable
	Did the condom split or fall off?  <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Not applicable
The last time you had sex, did you have anal sex, where the penis entered the anus?  <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not applicable	(If yes):  Was a condom used?  <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Not applicable
	(If yes): Was the condom used from start to finish of sex?  <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Not applicable
	Did the condom split or fall off?  <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Not applicable
The last time you had sex, did you or your partner use any form of contraception (birth control)?  <input type="radio"/> a. None for me, don't know about partner <input type="radio"/> b. None for either of us <input type="radio"/> c. Yes (skip to list) <input type="radio"/> d. Not applicable	(If c, yes) Please tick all contraceptives (birth control) that you used the last time you had sex:  <input type="radio"/> The Pill, contraceptive patch, or contraceptive vaginal ring <input type="radio"/> Condoms    (including female condoms) <input type="radio"/> Emergency contraceptive pill (morning after pill) <input type="radio"/> Injection <input type="radio"/> Contraceptive implant <input type="radio"/> Withdrawal <input type="radio"/> Intrauterine device (coil/IUD/IUS) <input type="radio"/> Diaphragm or cap or spermicide <input type="radio"/> Natural family planning (safe period/rhythm method) <input type="radio"/> Don't know name of the contraception <input type="radio"/> Other (please state).....
Are you or a partner trying to get pregnant at the moment?  <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not applicable	
Have you or a female partner been pregnant in the last 3 months?  <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Not applicable	
(If yes) What happened with the pregnancy?  <input type="radio"/> Still pregnant <input type="radio"/> Miscarriage or stillbirth <input type="radio"/> An abortion <input type="radio"/> A baby	

<b>More about sex</b>	
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<p>In the last 3 months, how many male partners have you had sex with?</p> <p>0 1 2 3 4 5 6 7 8 9 10 or more</p>	
<p>In the last 3 months, how many female partners have you had sex with?</p> <p>0 1 2 3 4 5 6 7 8 9 10 or more</p>	
<p>How many times in the last 3 months have you had vaginal sex without a condom?</p> <p><input type="radio"/> None <input type="radio"/> Once <input type="radio"/> Twice <input type="radio"/> 3 times <input type="radio"/> 4 times <input type="radio"/> 5 times <input type="radio"/> 6 times or more <input type="radio"/> Not applicable</p>	
<p>How many times in the last 3 months have you had anal sex without a condom?</p> <p><input type="radio"/> None <input type="radio"/> Once <input type="radio"/> Twice <input type="radio"/> 3 times <input type="radio"/> 4 times <input type="radio"/> 5 times <input type="radio"/> 6 times or more <input type="radio"/> Not applicable</p>	
<p>Which sexual health services have you used in the last 3 months (tick all that apply)</p> <p><input type="radio"/> None <input type="radio"/> Condom pick-up</p>	

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<ul style="list-style-type: none"> <li><input type="radio"/> Contraception/birth control</li> <li><input type="radio"/> Emergency contraceptive pills</li> <li><input type="radio"/> Pregnancy test</li> <li><input type="radio"/> Discussion of abortion choices</li> <li><input type="radio"/> Check-up for sexually transmitted infections (e.g. <input type="radio"/> Chlamydia, Gonorrhoea)</li> <li><input type="radio"/> Blood tests for sexually transmitted infections (e.g. <input type="radio"/> HIV, syphilis or Hepatitis)</li> <li><input type="radio"/> Relationship counselling</li> <li><input type="radio"/> Sexual assault/abuse counselling</li> <li><input type="radio"/> Other sexual health services</li> </ul>	
<p>Adding up these visits, how many times did you use a sexual health service in the last 3 months?</p> <p>1 2 3 4 5 6 7 8 9 10 or more</p>	
<p>Have you had Chlamydia in the last 3 months?</p> <p><input type="radio"/> Yes    <input type="radio"/> No    <input type="radio"/> Don't know</p>	
<p>Have you had antibiotic treatment for Chlamydia in the last 3 months?</p> <p><input type="radio"/> Yes    <input type="radio"/> No    <input type="radio"/> Don't know</p>	
<p>In the last 3 months, have you had any of the following (tick all that apply)?</p> <ul style="list-style-type: none"> <li><input type="radio"/> None</li> <li><input type="radio"/> Warts</li> <li><input type="radio"/> Herpes</li> <li><input type="radio"/> Gonorrhoea</li> <li><input type="radio"/> Pubic lice</li> <li><input type="radio"/> Trichomonas (TV)</li> <li><input type="radio"/> Syphilis</li> <li><input type="radio"/> HIV</li> <li><input type="radio"/> Hepatitis</li> <li><input type="radio"/> (WOMEN ONLY) Pelvic infection (PID)</li> <li><input type="radio"/> (WOMEN ONLY) Vaginal thrush (Candida, Yeast infection)</li> <li><input type="radio"/> Can't remember the name</li> <li><input type="radio"/> Other (please write in name)</li> </ul> <p>.....</p>	
<p>In the last 3 months, how many times have you been too drunk or high to remember whether you had sex?</p> <ul style="list-style-type: none"> <li><input type="radio"/> Never</li> <li><input type="radio"/> Once</li> <li><input type="radio"/> Twice</li> <li><input type="radio"/> 3 times</li> <li><input type="radio"/> 4 times</li> </ul>	



[Type text]

<input type="radio"/> 5 times <input type="radio"/> 6 or more times	
How do you rate these sexual activities? <ol style="list-style-type: none"> <li>Sex by phone or online</li> <li>Touching with clothes on</li> <li>Touching with clothes off</li> <li>Masturbating myself</li> <li>Masturbating someone else</li> <li>Being masturbated by someone else</li> <li>Giving someone oral sex</li> <li>Oral sex done to me</li> </ol>	<input type="radio"/> Would like to try <input type="radio"/> Would <b>not</b> like to try <input type="radio"/> Tried and would <b>not</b> do again <input type="radio"/> Tried and would do again
<ol style="list-style-type: none"> <li>Vaginal sex (penis-vagina)</li> <li>Vaginal sex (with fingers or hand)</li> <li>Vaginal sex (with sex toys)</li> <li>Anal sex (rimming)</li> <li>Anal sex (being rimmed)</li> <li>Anal sex (penis-anus)</li> <li>Anal sex (with sex toys)</li> </ol>	<input type="radio"/> Would like to try <input type="radio"/> Would <b>not</b> like to try <input type="radio"/> Tried and would <b>not</b> do again <input type="radio"/> Tried and would do again

<b>In the future</b>	
In the near future, do you think you will..... <ol style="list-style-type: none"> <li>Use a condom if you have vaginal sex with a new partner?</li> <li>Use a condom if you have anal sex with a new partner?</li> <li>Have tests for sexually transmitted infections if you have a new partner?</li> <li>Make sure that new partner/s have tests for sexually transmitted infections?</li> <li>Make sure that you (or a partner) are using contraception (e.g. The pill)?</li> <li>Discuss sexual enjoyment with partner(s)?</li> </ol>	<input type="radio"/> Definitely not <input type="radio"/> Probably not <input type="radio"/> Maybe- maybe not <input type="radio"/> Probably <input type="radio"/> Definitely <input type="radio"/> Not applicable  <input type="radio"/> Definitely not <input type="radio"/> Probably not <input type="radio"/> Maybe- maybe not <input type="radio"/> Probably <input type="radio"/> Definitely <input type="radio"/> Not applicable  <input type="radio"/> Definitely not <input type="radio"/> Probably not <input type="radio"/> Maybe- maybe not <input type="radio"/> Probably <input type="radio"/> Definitely <input type="radio"/> Not applicable  <input type="radio"/> Definitely not <input type="radio"/> Probably not <input type="radio"/> Maybe- maybe not <input type="radio"/> Probably <input type="radio"/> Definitely <input type="radio"/> Not applicable  <input type="radio"/> Definitely not <input type="radio"/> Probably not <input type="radio"/> Maybe- maybe not <input type="radio"/> Probably <input type="radio"/> Definitely <input type="radio"/> Not applicable

[Type text]

<b>True or false?</b>	
1. Whether or not I get a sexually transmitted infection is just luck.	<input type="radio"/> True <input type="radio"/> False <input type="radio"/> Unsure of answer
2. I would definitely know if I had Chlamydia, without needing a test	<input type="radio"/> True <input type="radio"/> False <input type="radio"/> Unsure of answer
3. You can easily tell who is likely to have Chlamydia	<input type="radio"/> True <input type="radio"/> False <input type="radio"/> Unsure of answer
<b>True or false?</b>  1. Baby oil or Vaseline is a good lubricant to use on a condom  2. With a condom on, the man should wait until the penis is soft before withdrawing after sex	  <input type="radio"/> True <input type="radio"/> False <input type="radio"/> Don't know  <input type="radio"/> True <input type="radio"/> False <input type="radio"/> Don't know
<b>True or false?</b>  1. A woman's clitoris is right inside the vagina  2. Washing the vagina after penetrative sex (penis-vagina) will help to prevent pregnancy	  <input type="radio"/> True <input type="radio"/> False <input type="radio"/> Don't know  <input type="radio"/> True <input type="radio"/> False <input type="radio"/> Don't know
Imagine that a 17 year old girl has had sex with her boyfriend about 10 times without condoms or contraception and didn't get pregnant  • This probably means she can't get pregnant  • This probably means that he can't get her pregnant	  <input type="radio"/> True <input type="radio"/> False <input type="radio"/> Don't know  <input type="radio"/> True <input type="radio"/> False <input type="radio"/> Don't know

<b>Time to confess</b>	
For this research to be accurate, we need to be sure that only young people have completed the survey.  Are you really between 16 and 20 years old?  <input type="radio"/> Yes <input type="radio"/> No	If no:  'Thank you for your interest in our survey, if you would like to know more about the research, please contact Ona McCarthy, o.mccarthy@ucl.ac.uk'
<b>About you</b>  These questions are to make sure that we've reached a mix of different young people in this survey.	
What is your date of birth?	

[Type text]

.....(Day).....(Month) .....(Year)	
<p>Are you..</p> <ul style="list-style-type: none"> <li><input type="radio"/> At school</li> <li><input type="radio"/> At sixth form college</li> <li><input type="radio"/> At college or university</li> <li><input type="radio"/> In training</li> <li><input type="radio"/> Working</li> <li><input type="radio"/> Unemployed</li> <li><input type="radio"/> Long-term sick or disabled</li> <li><input type="radio"/> Other (please state) .....</li> </ul> <p>(If you can choose more than one, please choose the option that best describes you)</p>	
<p>What is your cultural background?</p> <ul style="list-style-type: none"> <li><input type="radio"/> White British</li> <li><input type="radio"/> White Irish</li> <li><input type="radio"/> Other White</li> <li><input type="radio"/> Black British</li> <li><input type="radio"/> Black Caribbean</li> <li><input type="radio"/> Black African</li> <li><input type="radio"/> Other Black</li> <li><input type="radio"/> Asian British</li> <li><input type="radio"/> Indian</li> <li><input type="radio"/> Pakistani</li> <li><input type="radio"/> Bangladeshi</li> <li><input type="radio"/> Chinese</li> <li><input type="radio"/> Other Asian</li> <li><input type="radio"/> Mixed cultural background</li> <li><input type="radio"/> Other cultural background</li> <li><input type="radio"/> Prefer not to say</li> </ul> <p>If other please state</p> <p>.....</p>	
<p>Who do you live with most of the time? (tick all that apply):</p> <ul style="list-style-type: none"> <li><input type="radio"/> a. With parents or step parents</li> <li><input type="radio"/> b. With other relatives</li> <li><input type="radio"/> c. With friends</li> <li><input type="radio"/> d. With partner</li> <li><input type="radio"/> d. On your own</li> <li><input type="radio"/> e. In care or foster care</li> <li><input type="radio"/> g. With your children (or partner's children)</li> </ul>	
<p>Thinking about the people that you live with, are they... (tick all that apply):</p> <ul style="list-style-type: none"> <li><input type="radio"/> At school, college or university</li> <li><input type="radio"/> In training</li> <li><input type="radio"/> Working</li> <li><input type="radio"/> Unemployed</li> <li><input type="radio"/> Long-term sick or disabled</li> <li><input type="radio"/> Not applicable</li> </ul>	

[Type text]

☐ Other (please state)

.....

**Is there anything else that you'd like to add?**

Any comments about the answers that you gave, or about this online survey?

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